



CITY OF NEWPORT BEACH

BUILDING DEPARTMENT

3300 NEWPORT BLVD.
P.O.BOX 1768, NEWPORT BEACH, CA 92658-8915
(949) 644-3275

APPLICATION FOR SPECIAL INSPECTOR

Name _____

Address _____ # _____

City _____ State _____ Zip _____

Office Phone () _____ Pager () _____

ICBO Certification number for the type certification requested:

Concrete _____ Masonry _____ Steel _____ Other _____

DECLARATION:

I have read and understood the Special Inspector's instruction pamphlet published by the City of Newport Beach. I agree to abide by the minimum rules and will use the prescribed procedures stated therein. I agree to notify the City prior to on-site deputy inspections that I may perform in Newport Beach. I will submit, in a timely manner, reports on Newport Beach forms for all inspections that I perform. I will perform no inspection on jobs that are not permitted or that the City approved plans are not available on-site.

AGREED this date ____ / ____ / ____

by: _____ (applicant's signature)

for office use only

Fee: \$93.00 for each separate certification Paid _____

APPROVED _____ **EXPIRES:** ____ / ____ / ____

DENIED _____ **REASON:** _____

BUILDING DIRECTOR: _____